Box 45631

Ctf 503334

Nancy Travelstead
widow of
William C. Travelste

[3—011.]

B **B**

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Ill } *ss:*
County of Saline }

U.S. PENSION OFFICE D JAN 5 1891

On this 1 day of Jan, A. D. one thousand eight hundred and eighty ninety one personally appeared before me, a Notary Public within and for the county and State aforesaid, William C Travelstead, aged 58 years, a resident of the P.O. of South America, county of Saline State of Ill, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Chicago Pension Agency at the rate of 12 dollars per month, by reason of disability from Bronclitis (Here name the disability for which pension was granted.) incurred in the Military (Military or Naval.) service of the United States while serving as private in Co F 120th Ills Inft Vol (Here state rank, company, and regiment, if in the Army—vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of Increasing disability. Has almost continual pain in the breast and considerable dificulty in breathing (Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the *time, place,* and circumstances of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.)

that he appoints ——— , of ——— county of ——— , State of ——— , his true and lawful attorney, to prosecute his claim. That his POST OFFICE ADDRESS is South America county of Saline, State of Ill

Claimant's signature: William Travelstead

Attest: W. D. Russell
Marshall Bruent

6—274

Also personally appeared W D Russell, residing at South America Ill and Marshall Ozment, residing at South America Ill, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Wm C Travelstead, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

W. D. Russell
Marshall Ozment
(Signatures of witnesses.)

SWORN to and subscribed before me this 1 day of Jan, A. D. 1891, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words ______, erased, and the words ______, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.] JOHN S. LEWIS

J S Lewis
(Signature.)
Notary Public
(Official character.)

B

INVALID.

CLAIM FOR INCREASE.

______, Applicant.

Co., ______ Reg't,

______ Vols.

(PENSION CERTIFICATE NOT REQUIRED.)

FILED BY

B

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, *and all evidence in each claim;* and each change of residence of said parties, while communicating with the Bureau of Pensions or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

If executed before any officer other than a Clerk of a Court of Record, the certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.

No. 534,679

NAME OF CLAIMANT,

H. C. Trueblood

NAME OF SOLDIER,

Co. F, Reg't 120 Illinois

(5379--25,000.)

(3—111.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Increase Pension Claim No. 332732
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Wm. C. Travelstead, Rank, Prt

Company F, 120 Reg't Ill Infy | Harrisburg Ill State,
[Post-office address of the Board.]

Claimant's post-office address. South America Illinois | May 6th, 1891.
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Cause of disability. Bronchitis and resulting almost continual pain of breast and suppressed breathing

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Twelve dollars per month.

He makes the following statement upon which he bases his claim for Increase
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. On acct increased disability

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 26; temperature, 98; height, 5 feet 8½ inches; weight, 140 pounds; age, 58 years. Tongue coated whitish fur-

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

throat and fauces red, muscle flabby-
poorly nourished - chest very flat, depression
over apices. dullness over upper portion of left
lung with vesicular murmur feeble over left lung-
hepatization of lower portion right lung - with
bronchial breathing upper portion right lung.
Claimant was unable to draw a full breath
on account of pain as he claimed in lower
part of right lung - Dry hacking cough. no expectoration-
respiration 32 standing. 26 sitting-
Chest meas. 35¼ in. at rest 34½ F. Ex. 35½
F. Insp.

We are unable to state the duration of the
hepatization as noted above. but from the
debilitated condition of claimant we think
it probable that it has existed for some
time-

Heart normal in size and position, but
feeble in action.

All other organs normal

Rate for EACH cause of disability. . He is, in our opinion, entitled to a 17/18 rating for the disability caused by Dis. of respiratory organs for that caused by ______, and ______ for that caused by ______

A. B. Grattan, Pres. L. N. Parish Sec'y. Jno. H. Lee, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(3504—300,000.) 6—552

Whitwright

PENSION OFFICE U.S. MAY 11 1891

SURGEON'S CERTIFICATE

IN CASE OF

Wm. C. Travelstead

Co. F, 120 Reg't Ill. Infy

Applicant for Increase

No. 332732

DATE OF EXAMINATION:

May 6th, 1891.

D B Grattan, Pres.,
L N Parish, Sec'y,
Jno H Lee, Treas.,
BOARD.

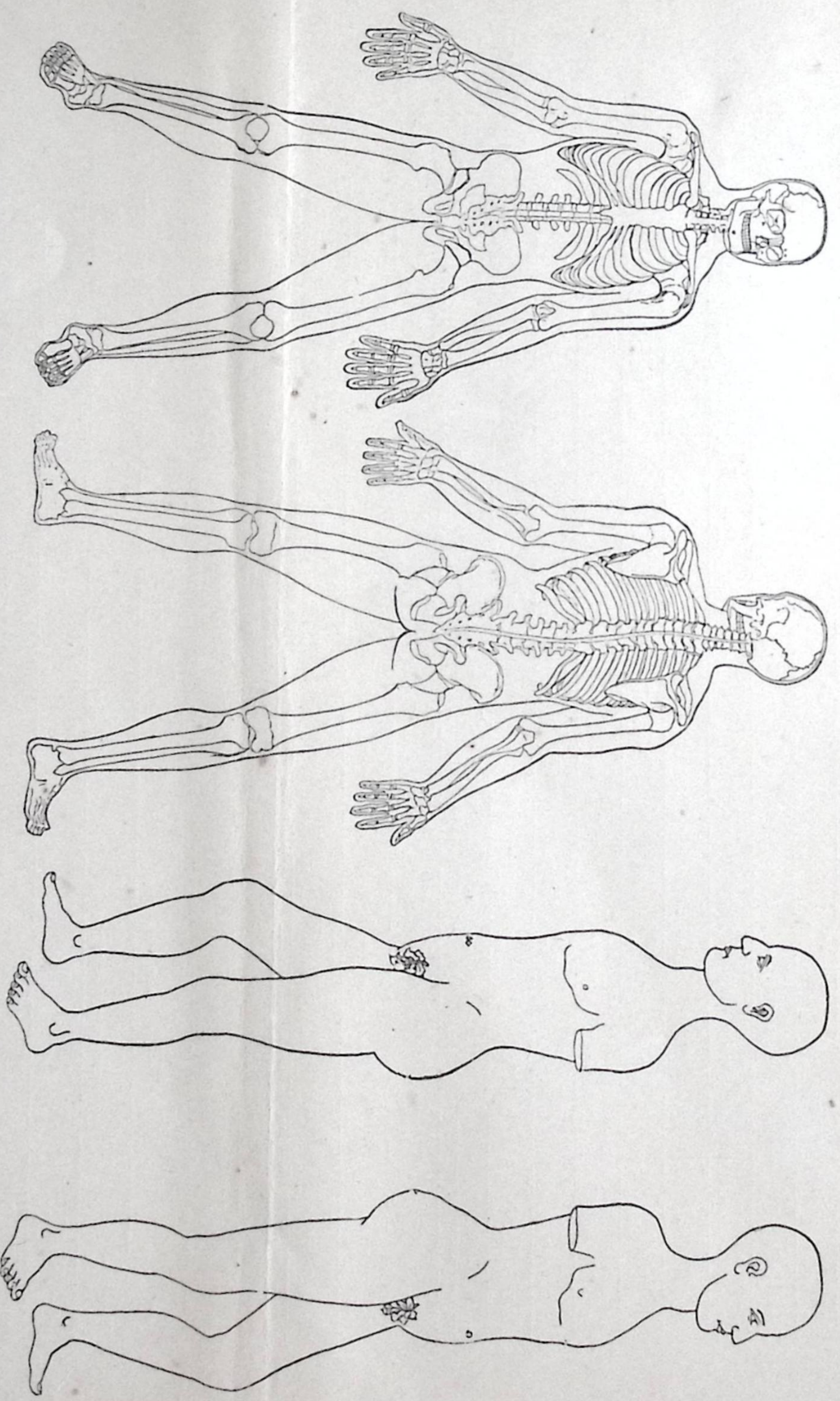
Post office, Harrisburg

County, Saline

State, Illinois

P. S.—Write your Post-office address plainly and in full.

AB



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

Continue record of examination here.

(3—111.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character† and number of claim.

Increase Pension Claim No. 332732

Name and rank of claimant.

Wm C Traulstead, Rank, Private

Company F, 120th Reg't Ill Inft | Marion Ill State,

(Post office address of the Board.)

Claimant's post office address.

South America Ill | March 26th, 1890.

(Date of examination.)

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

Bronchitis

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of Eight dollars per month.

Pulse rate per minute, 78; respiration, 18; temperature, 99; height, 6 feet 7 inches; weight, 140 pounds; age, 57 years.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for† Increase In Nov 1862 was taken sick on board Steam boat on Miss River enroute from Camp Butler Ill to Memphis Tenn. was in Hospital about one month. Had a very bad Cough. Was never able for active duty and was discharged on account of Same. Have had a bad cough ever Since and have never been able to do hard labor on account of it. Have bad Spells that confines me to my bed a month or more every Year or two It is gradually growing worse

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Upon examination we find the following objective conditions: General appearance is anemic. and indicates feeble health. Chest measure, at rest 36½ inches. Expiration forced 35 inches. Forced inspiration 37¼ inches. Middle and upper lobes right lung dull on percussion. Vesicular murmur indistinct in Same. also detect sub mucous rales in Same. Has General Pharyngitis Laryngitis and Bronchitis, and is developing Pulmonary Phthisis. voice is husky.

Disability Increasing.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, very probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 12/18 rating for the disability caused by Bronchitis & results, for that caused by ...., and .... caused by ....

Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

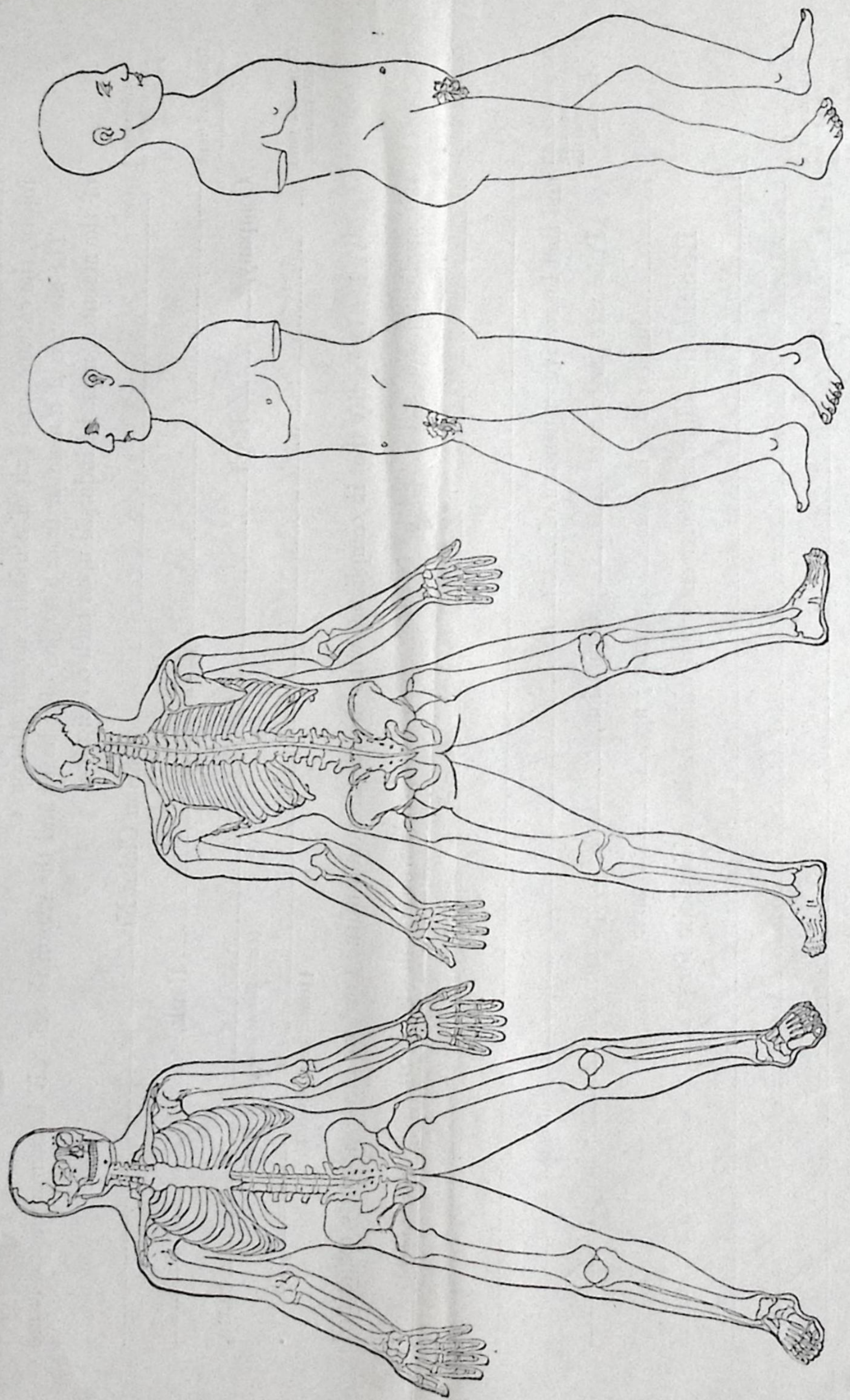
* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

Wm McDonal, Pres. W C Williford, Sec'y. L B Casey, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

6—427



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

SURGEON'S CERTIFICATE

IN CASE OF

Wm C Frankstead

Co. F, 120 Reg't Ill Inft

Applicant for Increase

No. 332,732

DATE OF EXAMINATION:

March 26th, 1896.

Wm M McDonald, Pres.,
W C Williford, Sec'y,
L B Casey, Treas.,
} BOARD.

Post office, Marion

County, Williamson

State, Illinois

P. S.—Write your Post-office address plainly and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

(3-111.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character† and number of claim. Increase Pension Claim No. 332732

Name and rank of claimant. W. C. Travelstead, Rank, Private

Company F, 120 Reg't Ills Vol | Carmi Ills State, (Post office address of the Board.)

Claimant's post office address. South America, Saline Co Ills | November 2, 1887. (Date of examination.)

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability. Bronchitis

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of $6.00 dollars per month.

Pulse rate per minute, 76; respiration, 18; temperature, 98½; height, 5 feet 9 inches; weight, 151 pounds; age, 54 years.

He makes the following statement upon which he bases his claim for† Increase

Here give the claimant's statement as briefly and as compactly as possible.

Claimant states he has Bronchitis incurred in the service Nov. 1862 on board of a boat on the Mississippi river below Alton Ills, resulting from Pneumonia, was sent to Hospital at Memphis Tenn, and was discharged for disability on the 19 or 20 of December 1862, at this time has difficult breathing, and has almost constant cough with tough mucus expectoration

Upon examination we find the following objective conditions:

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ½, ¼, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

General appearance vigorous, skin normal Spine vertebra cord, and membranes are normal Hearing and vision are normal. The tongue is normal; The throat and fauces are congested There is a Chronic form of Bronchitis affecting the right side; There is loud mucous rales over seat of all the larger bronchi on right side diminished respiratory murmur over entire right side, with frequent hacking cough with slight frothy expectoration; The left lung and bronchi are normal; The heart is normal; The liver, spleen, stomach, kidneys, bowels and rectum are normal; There are no Hemorrhoids
His general health is fairly good, body well nourished, and muscles well developed

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ______ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a Total rating for the disability caused by Chronic Bronchitis, ______ for that caused by ______, and ______ caused by ______

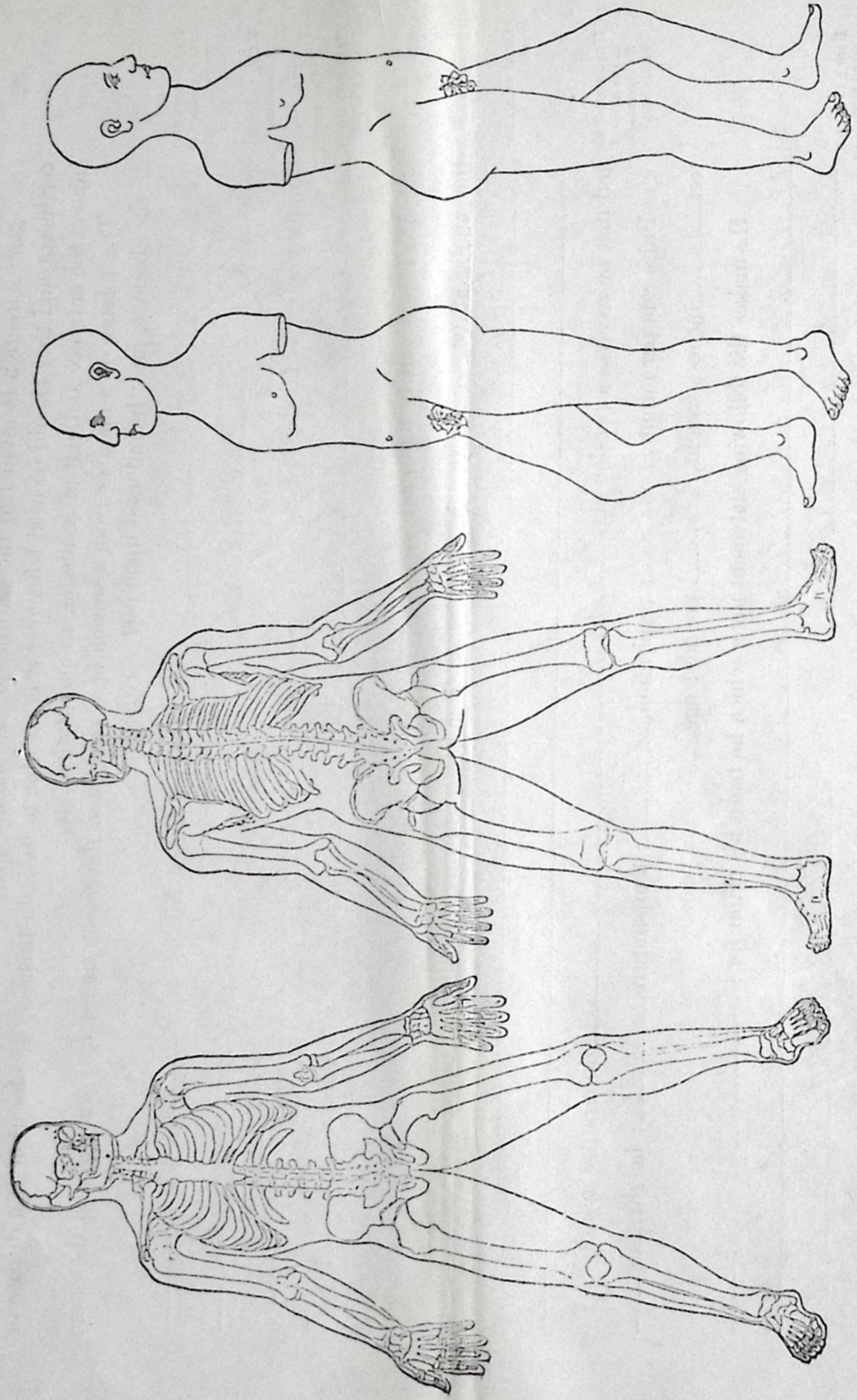
Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a rerating.

E. H. [illegible], Pres. Geo W McHenry, Sec'y. Frank H Foster, Treas.

N. B.--Always forward a certificate of examination whether a disability is found to exist or not.

(9626—100,000.)



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PENSION OFFICE
NOV 9 1887

SURGEON'S CERTIFICATE

IN CASE OF

W. C. Travelstead

Co. H, 120 Reg't Ills Vol

Applicant for Increase

No. 332732

DATE OF EXAMINATION:

November 2, 1887.

E. L. Stewart, Pres.,
Geo M McCurdy, Sec'y,
Frank J. Foster, Treas.,
BOARD.

Post office, Carmi

County, White

State, Ills

WESTERN
RECEIVED
NOV 22

P. S. Write your Post-Office address plainly and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character† and number of claim.

Increase Pension Claim No. 332732

Name and rank of claimant.

Wm. C. Travelstead, Rank, Private

Company F, 120 Reg't Ill Inft | Harrisburg Ill State, (Post office address of the Board.)

Claimant's post office address.

South America | February 9, 1887. (Date of examination.)

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

Bronchitis

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of Six ($6.) dollars per month.

Pulse rate per minute, 78; respiration, 24; temperature, 99; height, 5 feet 8½ inches; weight, 158 pounds; age, 54 years.

Here give the claimant's statement as briefly and compactly as possible.

He makes the following statement upon which he bases his claim for† Increase I think my disability is increasing. I have some dificulty in swallowing. It appears as if the food goes part of the way down and stops have then to wash it down with water. Have a continual Cough with a thick tenaceous sputa looking like the white of an egg. I have some pain in my lungs I am not able to do any hard manual labor

Here give a symptomatology embracing all the physical and rational signs, but confining it to the present condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Upon examination we find the following objective conditions: Appearance fairly healthy. Contour of Chest— Normal Tongue presents a natural appearance Skin Normal. Heart— Liver Stomach & bowels, Spleen & Kidneys healthy. The Throat & fauces are engorged. Auscultation discloses a harsh Course sound over the apex of each lung. There is evidently some thickening of the M. Mem. of the Bronchii,— from the jerking & wheezing sounds elicited by auscultation.

Parenchyma of lungs healthy.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a Total rating for the disability caused by Bronchitis, for that caused by, and caused by

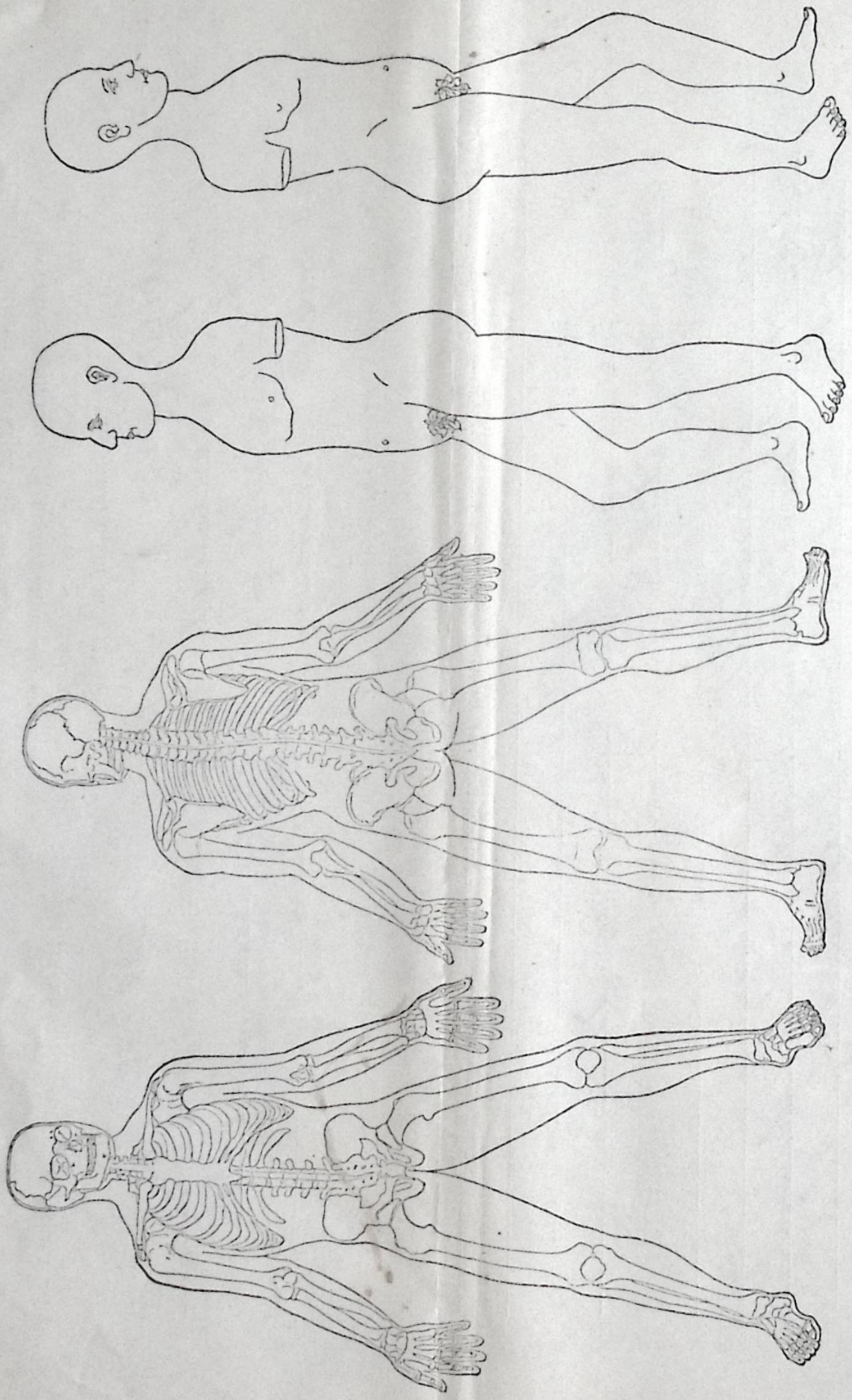
Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

S L Cheaney, Pres. N. S. Hudson, Sec'y, J. C. Mathews, Treas.

N. B.--Always forward a certificate of examination whether a disability is found to exist or not.

(6127—100,000.)



U.S. PENSION OFFICE
FEB 15 1887

FEB 1887

Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres't," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

SURGEON'S CERTIFICATE

IN CASE OF

Wm C Travelstead

Co. F, 120th Reg't Ill Inft

Applicant for Inc

No. 332,732

E 3-3-87

DATE OF EXAMINATION:

February 9th, 1887.

S L Cheaney, Pres.,
N S Hudson, Sec'y,
J C Mathews, Treas.,
BOARD.

Post office, Harrisburg

County, Saline

State, Ill,

P. S. Write your Post-Office address plainly and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

R

No. 1. (3--108.) No. 1.

ORIGINAL.

(FOR A BOARD.)

Claim No. 554,679

Name of the claimant, Wm. C. Travelsted

Rank, Private

Company, F

Regiment, 120, Ill. Vol. Inf.

Post-office address, South America, Saline Co. Ill

ADDRESS OF THE BOARD:

Post office, Shawneetown

County, Gallatin

State, Illinois

Date of examination, Jany 27, 1886

WE HEREBY CERTIFY that in compliance with the requirements of the law* we have carefully examined this applicant, who claims that while in the service of the United States at or near a place named Alton. Ill., and while in line of duty, on or about ~~the~~ thinks it was ~~day~~ of November, 1862, he incurred disease of throat & lungs.

Cause of disability.

Degree of disability.

and that in consequence thereof he is 3/4 disabled for earning his subsistence by manual labor

His pulse-rate is 82 per minute; his respiration 18; his temperature 99; his height is 5 feet and 9 inches; he weighs 159 pounds, and states that he is 53 years of age.

Touching the cause and degree of the disability for which he claims a pension, he makes the following statement: That at Alton. Ill. he thinks it was in November 1862, he incurred a "rough" cold and had fever which confined him to regimental hospital for some time. Had considerable expectoration. Was sick for two years after his discharge which occurred during December 1862. Has cough and soreness over chest when he takes cold. Is very subject to colds and thinks he has chronic bronchitis. There is some soreness of throat and a sense of dryness and hawking especially early in the morning.

Here give the statement of the claimant fully, but as compactly as possible.

SUBJECTIVE SYMPTOMS.

The examination reveals the following objective facts in support of his statements: There is diminished resonance and ~~mucous~~ mucous rouchi over right chest. Most marked posteriorly. Left chest healthy. Heart normal. Throat hyperaemic and granular. Tonsils slightly enlarged. There is no mucous adherent to fauces. General condition medium. Skin sallow Tongue furred. Stomach and bowels normal Liver and Spleen not enlarged. There is not Emphysema of lungs.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant.

OBJECTIVE SYMPTOMS.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ---------- probable that the disability was incurred in the service as he claims, and that it has not been aggravated or prolonged by vicious habits. He is, in our opinion, entitled to a 3/8 rating for the disability caused by Bronchitis, 2/8 for that caused by Pharyngitis Chronica, and —— for that caused by ——, the sum of which aggregates 5/8 of total

Here give rating for *each* cause of disability, and state the aggregate.

* See the back.

Merritt J. Jones M.D., Pres.,
Geo. P. Cassidy M.D., Sec'y,
Jacob Hess, M.D., Treas.,
BOARD.

1

SURGEON'S CERTIFICATE
(FOR A BOARD)

IN CASE OF

Wm. C. Trawlsted

Co. F, 120 Reg't Ill. Vol. Inf.

Application for Pension.

No. 554,679

Date of examination: Jany 27" 86

Geo P. Cassidy M.D.

Secty Board of
Examining Surgeons

Post office, Shawneetown.

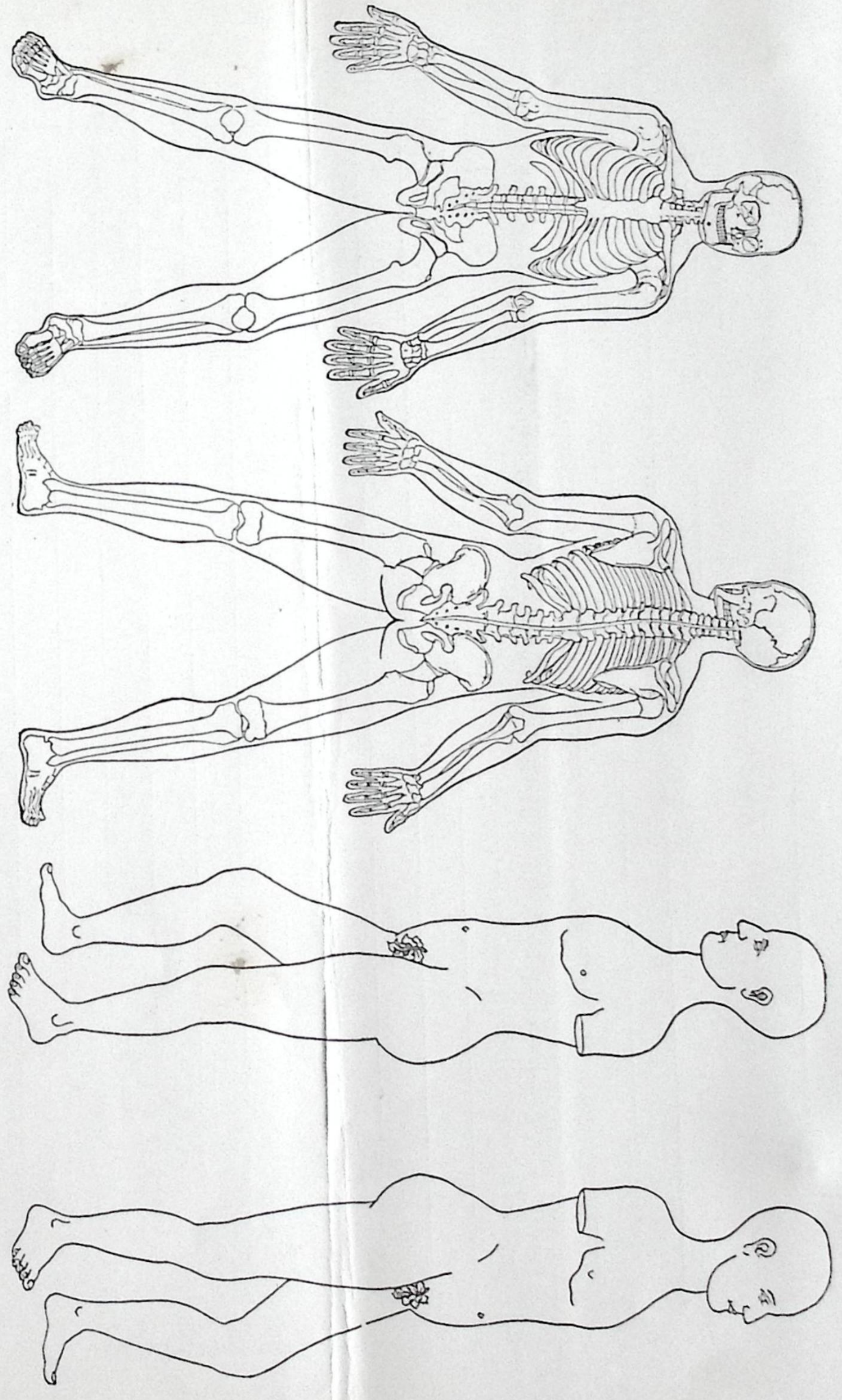
County, Gallatin.

State, Illinois.

P. S.—Write your Post-office address plain and in full.

U.S. PENSION OFFICE.
C
FEB 1
1886

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]



CERTIFICATE OF NOTARYSHIP.—Brown, Pettibone & Kelly, Stationers and Printers, 194 & 196 Dearborn St., Chicago.

STATE OF ILLINOIS,
Williamson COUNTY, } ss.

I, James Jackson Clerk of the County Court, in and for said County, the same being a Court of Record, do hereby certify, that George W Pritchett

whose signature appears to the foregoing proof of acknowledgment, was at the date of taking said proof, a Notary Public in said County, as evidenced by his Commission of Record in my office; that his commission bears date the 28th day of February A. D. 1884, and will expire on the 28th day of February 1888. And I further certify that I am well acquainted with his handwriting and know that the signature above, purporting to be his, is genuine, and that said acknowledgment is taken in accordance with the laws of Illinois.

IN TESTIMONY WHEREOF, I hereunto set my name and affixed the seal of said Court at Marion in said County, this 4th day of June A. D. 1886.

J Jackson Clerk.

Deputy.

PENSION OFFICE
JUN 10 1886

State of Ills } S S
Williamson County }

Personally came before me a Notary Public in and for the said County and State Dr J. F. Tidwell who is a regular practicing Physician and entitled to credit as such, who after being duly sworn by me deposes and says that he is and has been well and intimately acquainted with Wm C. Travelstead ever since the fall of 1865 and that he has often gave him treatment for Bronchial trouble of which no account was taken and dates cannot be given until the Spring of 1882 when the said Wm C. Travelstead was attack with pneumonia resulting from the distressing Bronchial cough and still has lung and bronchial trouble cough very distressing. never new the claimant before the war. and I have no interest in the prosecution of this claim for pension J. F. Tidwell MD

Subscribed and Sworn ~~and~~ to before me this 1th day April 1886 and I have no interest in the above claim for Pension.

Geo H Pritchett N.P.

WAR DEPARTMENT,

SURGEON GENERAL'S OFFICE,

RECORD AND PENSION DIVISION,

Washington, D. C., May 15, 1886.

To the Adjutant General, U. S. Army.

Sir: I have the honor to return herewith the papers received from your office in pension claim No. 554679*, with such information as is furnished by records filed in this Office, viz: that* Pvt. Wm C. Travelsted, Co. F. 120th Ill. Vols was discharged the service Dec 20/62 at his Regtl Hosp. — cause of discharge not stated —

By order of the Surgeon General:

B F Pope
Surgeon, U. S. Army.

No. 394005

per JSB

(171)

(3—143.)

Index Orig, *Claim No.* 554697

Wm. O. Townsend *Co.* F *Reg't* 120 Illinois

ARRANGE PAPERS IN INVALID CLAIMS—1. Declaration; 2. Soldier's statements as to origin; 3. A. G.; 4. S. G.; 5. Cert. of Dis. Let history as to origin, continuance, &c., follow in regular order.

IN WIDOWS' AND DEPENDENT RELATIVES' CLAIMS—Let evidence of soldier's death, marriage, dependence, &c., follow evidence of origin and continuance of fatal disease.

(5959—25 M.)

NO.	NAME AND P. O. ADDRESS.	DATE OF FILING.	SUBJECT.
1	Dr. Tinwell Marion Ills	June 11 86.	Cont. (Good #259. 263)

332732
Chicago

(3—125.)

ORIGINAL INVALID CLAIM.

Soldier, William C. [illegible]	
P. O., South America	Rank, Private
County, Saline	Company, F
State, Ill	Regiment, 120" Ill. Inf

Rates, $ 6. per month, commencing Nov 20" 1885

Pensioned for Bronchitis.

RECOGNIZED ATTORNEY:

Name, O. F. Gibbs	Fee $ 10, Agent to pay.
R. P. O., Harrisburg Ill	Articles filed 20, 18 .

APPROVALS:

Submitted for A. L. June 23, 1886, Chas. F. Nichol, Examiner.

Disabled by Bronchitis

HGB Approved for Bronchitis	Approved for Bronchitis R.C. 3/4
	John [illegible]
	Med Ref
Buchanan	Wm Greenstreet
June 25, 1886, Legal Reviewer.	June 28, 1886, Medical Reviewer. Exp

IMPORTANT DATES:

Enlisted Aug 21, 1862	2 service from
Mustered , 18 .	18 , to , 18 , in
Discharged Dec 20", 1862	
Declaration filed Nov 20, 1885.	Not in service since ~~Dec 20~~ 1862 See Declaration filed Nov 20/85.–

BASIS OF CLAIM.

Claims in Dec Filed Nov 20" 85– that on a Boat in Miss river Oct 1862 he Contracted Bronchitis or some disease of the throat

Claimant states no M.C.

HISTORY OF ATTORNEYSHIPS:

1st appointment Nov 20, 1885,	Name and P. O. O A Hibbs Pittsburgh Pa
By Claimant	Recognized, or why not yes
2d appointment , 18 ,	Name and P. O.
By	Recognized, or why not
3d appointment , 18 ,	Name and P. O.
By	Recognized, or why not.

(3–145.)

Increase INVALID PENSION.

Claimant, William C. Travelstead

P. O., South-America
County, Saline
State, Ill

Rank, Pvt
Company, F
Regiment, 120 Ill Vols Inf

Rate, $ .... per month, commencing ....

REJECTED
MAR 17 1887

Disabled by Bronchitis

RECOGNIZED ATTORNEY:

Name, Clmt
P. O.,

Fee $ ...., Agent .... to pay.
Articles filed ...., 18 .

APPROVALS:

Submitted for Mch 3, 1887. A L Conman, Examiner.

Approved for Bronchitis

Approved for No Increase $6

Wm Grinsted
Med Exr

Mch 12, 1887, A H Doan, Legal Reviewer.

March 14th, 18 John Campbell Medical Referee.

Discharged Dec 20, 1862 Last paid to ...., at $ 6

Pensioned from Nov 20, 1885, at $ 6, for Bronchitis

Original declaration filed Nov 20, 1885, alleged Bronchitis

Arrears allowed from ...., 18 , to ...., 18 , at $ ....

PRESENT CLAIM.

Declaration filed Jan 11, 1887 Bronchitis

(7280—75,000.)

332.732
Chicago

(3–145.)

Increase INVALID PENSION.

Claimant, William C. Travelstead

P. O., South America	Rank, Pvt
County, White	Company, L
State, Ills	Regiment, 120 Ill Vol Inf

9

Rate, $ 8. per month, commencing November 2, 1887.

Disabled by Bronchitis

RECOGNIZED ATTORNEY:

Name, Jasper Partridge	Fee $ 10, Agent to pay.
P. O., Carmi Ill	Articles filed , 18 .

APPROVALS:

Submitted for Jan 13, 1888 Cornman, Examiner.

Approved for Bronchitis	Approved for Bronchitis 8/18 from Nov 2-1887 Goodlove E. A. Gibbs m.e.
Jany 17, 1888, A. W. Doan, Legal Reviewer.	Jan-19, 1888, John Lawrence, Medical Referee.

Discharged Dec 20, 1862 Last paid to at $ 6

Pensioned from Nov 20, 1885, at $ 6, for bronchitis

Original declaration filed Nov 20, 1885; alleged bronchitis

Inc rej Mch 21/87.

Arrears allowed from , 18 , to , 18 , at $

PRESENT CLAIM.

Declaration filed Aug 19, 1887. bronchitis.

McMe

(10133—75 M.) 6—221

State of Ill }
County of Saline }

I William C. Franelstead solemnly swear that I am a pensioner enrolled on the books at Chicago Ill at the rate of Eight dollars per month No 332732. That by reason of increasing disability, I believe myself entitled to an increase of pension and respectfully ask the commissioner of pensions to allow me an examination for that purpose. My attorney is none. My post office address is South America, Ill From personal reasons I prefer not to be sent befor the Board at Harrisburg Ill.

William C Franelstead (seal)

Attest

Gregory J Empson

J. N. Pankey

I J. S. Lewis notary public in and for Saline Co Ill certify that I read and made the contents of the above affidavit fully known to affiant William C. Franelstead before signing it. He signed and swore to the same before me. He is truthful. I am not interest in this claim. This Aug 3rd 1888.

JOHN S. LEWIS

J. S. Lewis
Notary public

Application for increase
of William C Frankstone
Co F. 120th Regt
Ill Inft Vol

PENSION
AUG - 9 1888
OFFICE

(3—145)

332,732
Chicago. Increase

INVALID PENSION.

Claimant, William C. Swelstead

P.O., South America
County, Saline
State, Ills.

Rank, Pvt.
Company, F
Regiment, 120, Ills. Vol. Inf.

Rate, $ 12 per month, commencing March 26, 1890,

Disabled by Bronchitis

8

RECOGNIZED ATTORNEY:

Name, ———
P.O.,

Fee $ ———, Agent ——— to pay.
Articles filed ———, 18 .

APPROVALS:

Submitted for May 14, 1890

Clements, Examiner.

Approved for
Bronchitis

Approved for Bronchitis 12/18
from March 26, 1890.

R. Leyhurn Jr. AME

May 17, 1890, Bintwell, Legal Reviewer.

May 19, 1890, [illegible], Medical Referee.

Discharged Dec. 20, 1862 Last paid to ———, at $ 8
Pensioned from Nov. 20, 1885 at $ 6, for as above

Original declaration filed Nov. 20, 1885; alleged Same
Inc. rej. Mch 17/87
" to $8 — fr. Nov. 7 2/87

Arrears allowed from ———, 18 , to ———, 18 , at $

PRESENT CLAIM.

Declaration filed Aug. 9, 1888, As pensioned

6—221

19258 b—50 m

(3—145.)

332732
Chicago

Increase INVALID PENSION.

Claimant, William C. Travelstead,

P.O., South America,
County, Saline,
State, Ills.

Rank, Pvt.
Company, F
Regiment, 120" Ill Vol Inf

Rate, $ 17- per month, commencing May 6, 1891-

Disabled by bronchitis-

RECOGNIZED ATTORNEY:

Name, Clmt-
P.O.,

Fee $, Agent to pay.
Articles filed , 18 .

APPROVALS:

Submitted for Ad. Mch 4, 1892 , Examiner.

Approved for Bronchitis.
(Pain in head & difficult breathing alleged as results referred to Med. Referee)

Mar 5, 1892, H W Cornell, Legal Reviewer.

Approved for Bronchitis 17/18 from May 6. 1891.
all alleged results included in above approval.

J.C.
Reyburn.
April 15, 1892, Thos. D. Ingram, Medical Referee.

Discharged Dec. 20, 1862. Last paid to , at $ 12
Pensioned from Nov. 20, 1885, at $ 6, for bronchitis

Original declaration filed Nov. 20, 1886, alleged bronchitis-
Inc. cy. Mch. 14-87
Inc. to $8 fr. Nov. 2. 87
" " $12 " Mch. 26. 90.

Arrears allowed from , 18 , to , 18 , at $

PRESENT CLAIM.

Declaration filed Jan 5, 1891. Same & resulting pain in chest & difficult breathing &

6—221

5497 b—75 m

PENSION DIVISION
FORM 432.—Ed. 1 27 1900 2,000.

ED
H

Treasury Department,

OFFICE OF THE
AUDITOR FOR THE INTERIOR DEPARTMENT,

March 28th 1900.

To the Commissioner of Pensions.

Sir: In reply to your letter of March 24th *in case of* William C. Travelstead *Certificate* 332,732. Chicago *Agency,* Inv. *Roll, you are informed that the records of this Office show* last *payment to have been made at* $17 *per month* in Oct. 1897 to Oct 4. 1897.

Letter herewith returned.

Respectfully,

Wm. Youngblood
Auditor.

U. S. PENSION OFFICE
H
MAR
29
1900

cor. Chicago

3—562.

ACCRUED PENSION.

Act of March 2, 1895.

West Division.

Certificate No. 332732 Last issue April 25, 1892

Pensioner, William C. Travelstead Act July 14, 1862

Date of death, November 6, 1897

Claimant, Nancy Travelstead, Widow
Dallasania
Saline Co.,
Illinois

Certificate not filed. Voucher not filed.

Submitted for Adm. Nov. 10, 1900

I. E. Kirk Examiner.

West

BOARD OF REVIEW.

Approved for Admission.

C. G. [illegible] Reviewer, November 15, ~~189~~ 1900.
F. W. Tuckerman, Re Rev. Nov. 20. 1900.

CERTIFICATE DIVISION.

Accrued Pension Certificate and Order { Issued Nov. 24 1900, ~~189~~
Mailed " 28, ", ~~189~~

Payable to Widow

Original certificate and voucher

0-4

Claimant signs by mark.

Hon. George W. Smith.

RECORDS & LAW DIVISION
NOV 14 1899

STATE OF ILLINOIS, } ss.
SALINE COUNTY. }

In the Pension Claim No. .... of Nancy Travelstead widow of Wm C. Travelstead

Pvt of Co. F 120th Regiment

Illinois Infy Vols

Personally Appeared Before Me a Notary Public in and for said county J. B. Miller, aged 43 years, whose postoffice address is South America Ills, who being by me duly sworn according to law, says: I am a regular Physician and have been in the practice of medicine for the past twenty years or thereabout. and as such Physician I attended William C. Travelstead in his last illness who died on November the 6th 1897. He died from Bronchitis and Pneumonia, the latter disease sitting up about four days before death; it is my candid Opinion that the Bronchitis acted as the principal predisposing Cause of Pneumonia.

PENSION
B
U. NOV 13 1899 S.
OFFICE.

This affidavit ~~was written by~~ .... ~~at~~ .... and ~~from~~ ...., ~~that~~ .... ~~was not aided~~ or prompted by any written or printed ~~statement or recital~~ prepared by any other person or persons, that he is not related to claimant and has no interest in the prosecution of this claim.

Witness { ....
{ ....

Signed J. B. Miller. M.D ✓
Affiant.

date & cause of death

Subscribed and sworn to before me this 30th *day of* June *1899, and I hereby certify that the contents of the foregoing affidavit was read* *and fully* made *known to affiant before swearing to the same, that I am not related to claimant and have no interest in the prosecution of this claim.*

M. E. Roark
Notary Public.

Claim No.
of Nancy Greenstead
widow of William
Greenstead
Co. F. 120
Regt. Ills Infy
Vols

AFFIDAVIT OF
Dr. J. B. Miller

RECORD NOV 15 1899 DIVISION.

ATTORNEY.
W. H. Reynolds
Harrisburg, Ills

Cf. 3327[illegible]2.

Wm. C. Travelstead.

Co. F. 120. Ill. Inf.

MARRIAGE CIRCULAR
NOT ON FILE.

ABANDONED FILES
NOV
15
1900
BUREAU OF PENSIONS.

2 503334 Chicago

(3—128.) #708582

WIDOW'S PENSION.

Claimant Nancy Travelstead
P. O. Dallasania
County Saline, State Illinois

Soldier William C. Travelstead
Rank Private, Co. F.
Regiment 120. Ill. Vol. Inf.

Rate, $12. per month, commencing November 7, 1897, and

and two dollars a month additional for each child, as follows:

By former marriage.	Born, , 18 Sixteen, , 18	Commencing , 18 .
	Born, , 18 Sixteen, , 18	" , 18 .
	Born, , 18 Sixteen, , 18	" , 18 .
By last marriage.	Born, , 18 Sixteen, , 18	" , 18 .
	Born, , 18 Sixteen, , 18	" , 18 .
	Born, , 18 Sixteen, , 18	" , 18 .
	Born, , 18 Sixteen, , 18	" , 18 .
	Born, , 18 Sixteen, , 18	" , 18 .

No Children

Entitled to $20 per month,
Commencing Sept. 8, 1916,
Under act of Sept. 8, 1916.
Wife During Civil War service.
JAN 6 - 1917

Payments on all former certificates covering any portion of same time to be deducted.

All pension to terminate , 18 , date of

RECOGNIZED ATTORNEY:

Prest.

Name W. I. Reynolds
P. O. Harrisburg, Ill.

Fee $10. Agent to pay.
Articles filed none, 18 .

APPROVALS:

Submitted for admission, Nov. 10, 1900, I. E. Kirk, *Examiner.*

Approved for Admission and continuance, origin of Bronchitis. accepted,

C. G. Bridges Nov. 15, 1900, Legal Reviewer.

F. W. Tuckerman, *Re-Reviewer.*
Nov. 20. 1900.

Approved for admission, death resulted from disease of lungs due to cause which has been legally accepted,

Lowe Nov. 20, 1900, Medical Reviewer.

J. F. Raub, *Medical Referee.*

IMPORTANT DATES:

Hon. George W. Smith.

Enlisted August 21, 1862.
Mustered , 18
Discharged December 20, 1862.
Died November 6, 1897.
Declaration filed November 13, 1899.

Invalid application filed November 20, 1885.
Invalid last paid to , 18 .
Former marriage of ~~soldier~~ neither, 18 .
Death of former wife , 18 .
Claimant's marriage to soldier February 5th, 1854.

6—581

Claimant signs by mark.

230x5-

Recd
2w

OFFICE OF
H. [illegible] HOLMAN
COUNTY JUDGE, COOKE COUNTY

Gainesville, Texas, 12-15-16

THE COMMISSIONER OF PENSIONS,
WASHINGTON, D. C.
DEAR SIR:

Mrs. Nancy Travelstead the widow of William C. Travelstead, and who is drawing a pension under Certificate No. 503 334, desires to have an increase in her pension. She will be 84 years old in January next and is totally incapacitated for any kind of work, and has no property or means of support.

You can send her such papers and instructions that are necessary in the matter to her address at Gainesville Texas, RFD No.4.

Yours truly,

H S Holman

U. S. PENSION OFFICE.
DEC 18 1916

[illegible]

W. O. DAVIS, VICE PRESIDENT
J. M. POTTER, VICE PRESIDENT
J. W. GLADNEY, CASHIER

D. T. LACY, PRESIDENT

ED. W. WILKINS, ASST. CASHIER
J. W. SCHAD, ASST. CASHIER
BEN R. THOMASON, ASST. CASHIER

The First National Bank of Gainesville, Texas

CAPITAL $250,000.00

February 1st, 1921.

FINANCE DIVISION
FEB 5 1921
BUREAU OF PENSIONS

The Department of the Interior,
Bureau of Pensions,
Washington, D. C.

U. S. PENSION OFFICE.
FEB 4 1921

Gentlemen:-

You were notified that Nancy Travelstead died on November 23rd, 1920 and we are requested to ask you if her pension from October 1st (the date the last pension was paid up to) is not entitled to the amount due from October 1st to November 23rd? The pension certificate bears the Number 503334.

Yours very truly,

J W Gladney

Cashier.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

STATE OF Illinois, COUNTY OF White, ss.

ON THIS 9 day of August A. D. one thousand eight hundred and eighty seven personally appeared before me, a within and for the County and State aforesaid William C. Travelstead aged 55 years, a resident of the County of Saline State of Illinois, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Chicago, Ill Pension Agency at the rate of Six dollars per month, Certificate No 332,732 ~~31,641~~, by reason of disability from Bronchitus (Here name the disability for which pension was granted.)

incurred in the Military (Military or Navy.) service of the United States, while serving as a Private (Here state rank, company, and regiment, if in the army; vessel if in the Navy.) Co "F" 120th Ill.

That he believes himself to be entitled to an increase of pension on account of the increase of the disability for which pension was granted & the results. (Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances of its origin, and the names of hospitals, where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.)

He also states that Carmi Ill. is the most convenient Board him to report too for examination except the Board at Harrisburg, Ill. & having been examined there prefers not to be ordered before that Board again & respectfully asks to be ordered before the Board at Carmi, Ill.

that he hereby appoints, with full power of substitution and revocation, Jasper Partridge, of Carmi, Illinois, his true and lawful attorney, to prosecute his claim.

His Post Office address is South American - Ill.

John T. Borks

Jarrut McCallister

[Two witnesses who can write sign here.]

William C Travelstead

[Signature of Claimant.]

Also personally appeared John G. Borders residing at Marshalls Ferry, Ill. and Jarret McCallister residing at Emma, persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say that they were present and saw Wm. C. Travelstead, the claimant sign his name (make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of this claimant and their acquaintance with him that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

John G Borders
Jarret McCallister
[If Affiants sign by mark, two persons who can write sign here.] [Signature of Affiants.]

Sworn to and subscribed before me, this 9th day of August A. D. 1887 and

I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words .... erased and the words .... added; and I have no interest, direct or indirect, in the prosecution of this claim.

W. E. Bozeman
[Official Signature.]
N. P.
[Official Character.]

[L. S.]

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that ...., Esq, who has signed his name to the foregoing declaration and affidavit was at the time of so doing .... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this .... day of ...., 188

[L. S.] Clerk of the ....

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

INVALID.

CLAIM FOR INCREASE,

Wm. C. Travelstead Applicant.

Co. F, 120th Reg't.

Ill. Vol's.

Pension Certificate No. 332,732

PENSION AUG 26 1887 OFFICE

FILED BY

JASPER PARTRIDGE,

ATTORNEY-AT-LAW,

CARMI, - ILLINOIS.

Partisan Print, Carmi, Ill.

So America }
Saline Co }
State of Ill }

I William C Travelstead solemnly swear that I am a pensioner enrolled on the books at Chicago, Ill at the rate of Six dollars per month That by reason of increasing disability I believe I am entitled to an increase of pension and I make this applicati for an increase. and respectfully ask that I be granted an examination for same. My age is none. My post office address is South America, Saline Co, Ill.

William C Travelstead (seal)

Subscribed and sworn to before me this the 5th Day of Jan. 1887

J. D. Lewis
Notary Public
In and for Saline Co Ill

Application for Increase
of W. C. Havelstead
No 332732

PENSION
U JAN 11 1887 S
OFFICE

[3—218.]

Kirk Ex'r

No. 708582

Acts of July 14, 1862, and March 3, 1873.

11
241

Nancy Travelstead
South America, Ill.
Widow
William C. Travelstead
F 120 Ill. Inf.

Died at Brushey, Ill.
Nov. 6, 1897

other claim.
I. C. 332732

Nov 29, 1899 P.
Clerk.

Atty. filed

Application filed: Nov. 13, 1899.
Attorney: W. I. Reynolds
P. O. Harrisburg
Ill.

B4

Sent Dec 2-99 [illegible]

Mar. 24/1900. Atty. Reynolds for
IND. Rec. of Death, Prev. marriage
ILL. & why test. on file is unsatisfactory
IOWA. one writ as to divorce,
Auditor for date last
payment ~~&~~ 2 R. Ms. for cred.
of Baxter, Reynolds, Capel and
Dr. Miller. I. E. K.

April 8/1900. Claimant through
WIS. Hon. S. M. Cullom for Rec.
MINN. of death or reasons why, Prev.
NEBR. marriage & why test. on file
KANS. unsatisfactory & one writ as
to divorce. I. E. K.

NEV. June 2/1900 Claimant thro.
COLO. Hon. Geo. W. Smith for full
CAL. clinical history. ~~I. E. K.~~
and 2 R. Ms. for cred. of
OREGON. Travelstead & Patterson. I. E. K.

~~IND. TY.~~
Nov. 10/1900 Claimant through
N. MEX. Hon. Geo. W. Smith
~~DAKOTA.~~ advised that claim is being
considered with a view to
early settlement. I. E. K.

WASH.

UTAH.

No. 708582

DROPPED
Dec 3 1900
Death JMK

See Widow
708.582

(3—230.)

INVALID. (Series ✓)

Cert. No. 332732

Name, William C. Travelstead

Rank, Pvt. ; Service, Co. F. 120" Ill. Vols. Inf.

Agency. Original Roll: Chicago
Transf'd , 18 , to
" , 18 , to

1" Issue. Class Orig'l Entered Feb 10.

Issued June 30", 188
Mailed July 13", 18
Rate and Period, $ 6 ,from Nov. 20", 1880
✓
Deductions:
Disability: Bronchitis

2" Issue. Class Inc. Entered Jne/80

Issued J Jany 21, 1
Mailed " " 27", 1
Rate and Period, $ 8 ,from Nov. 2, 18
Deductions:
Disability: Bronchitis

3" Issue. Class Inc. Entered Atty. none

Issued, L May 28", 1890
Mailed June 6, 1890
Rate and Period, $12, from Mch. 26", 1890
Deductions:
Disability: Bronchitis

4 Issue. Class Inc. Entered No atty.

Issued April 25, 1892
Mailed May 2, 1892
Rate and Period, $17, from May 6, 1891
Deductions:
Disability: Bronchitis

Accrued Pensions,
ACT OF MARCH 2, 1895.
Accrued - Pension Certificate and
Order issued Nov 24 1900
~~Pen. Ctf.~~ herewith)
Payable to Wid.
Mailed Nov. 28 1900

INDORSEMENTS.

n. 21/87 Clk. year
eby. 7/88. P.A. Order to Ino.
Fee Order — Atty's name
rrected from "Patridge" to
rtridge. D.C.C.
See Wid. Ctf. 503334

[3—216.]

~~Claimant~~ Ex'r. INVALID.

Nichols

No. 554679

Acts of July 14, 1862, and March 3, 1873.

William C. Travelstead

P. O. South America
Saline Co. Ills.

Service: Pri "F" 120 Ills Inf.

Enlisted: Oct, 1862

Discharged: Dec, 1862

Application filed: Nov. 20, 1885

Alleges: disease of throat & lungs.

Re-enlisted:

BOARD OF REVIEW.
JUN 24 1886

11/241

Attorney: O. A. Gibbs

P. O. Harrisburg
Saline Co. Ills.

Recognized. Contract.

1 Cert. of Dis. Searched for May 25, 1886

(3376—15 M.)

notified 11-30-83.

IND. Dec. 10/85. A. G. & S. G.

ILL. History

~~Board Gallatin Co. Ill~~

IOWA May 25'86 Clerk for Exam.

WIS.

MINN.

NEBR.

KANS.

NEV.

COLO.

CAL.

OREGON.

IND. TY.

N. MEX.

DAKOTA.

WASH.

UTAH.

No.

Entitled to $30 per month,
Commencing Sept. 8, 1916,
Under act of Sept. 8, 1916.
Wife During Civil War service.

H

$30. per month
Act May 1, 1920
R.M.W. Exr. .... Rev.

DROPPED
DEC 10 1920
FINANCE

PAID
FEB 10 1921 REIMBURSEMENT.

J N Gladney
MCC
Fin

(3-232.)

DEAD

No. 503.334

Nancy Travelstead

Widow of
William C. Travelstead

Rank Pt.

Company F.

Regiment 120" Ills. Vol. Iny.

Rate per Month $ 12.00

Commencing Nov. 7" 1897

Ending

Chicago Agency.

Issued Nov. 24", 1900

Mailed " 28, 1900

D ✓ Fee, $ 10.00

(208-15,000.)

War Department,

ADJUTANT GENERAL'S OFFICE,

554.679.

Washington, May 19, 1886

Respectfully returned to the Commissioner of Pensions.

William C. Travelsted, a Private of Company "F", 120th Regiment Illinois Volunteers, was enrolled on the 21st day of August, 1862, at Harrisonburg, for 3 yrs, and is reported: On Muster in Roll of the Co dated Oct 29. '62 present. Muster-out Roll of the Co Sept 10. '65 - Discharged Dec 20. '62 at Memphis Tenn. on Surg's Certif of disby.

Certificate of Disability corroborates above date and place of discharge.

J.G.R.

Regtal Hospl Records commencing Nov. 20. '62 to discharge show him admitted Nov. 20. '62, with "Pneumonia" again admitted (date not given) "Pneumonia." Nov. 30" '62. "Bronchitis Acuta".

Records on file in this Office furnish no additional information.

Thomas Ward
Asst. Adjt. Genl
~~Assistant Adjutant General.~~

(2.)

C 414
7

(3—010.)

A. A.

DECLARATION FOR ORIGINAL INVALID PENSION.

To be executed before a court of record or some officer thereof having custody of its seal.

State of Illinois }
County of Saline } *ss:*

On this 14 day of Novr, A. D. one thousand eight hundred and eighty-five personally appeared before me, Clerk of the Circuit Court, a court of record within and for the county and State aforesaid, Wm C. Travelstead, aged 58 years, a resident of the ______ of ______ county of Saline State of Illinois, who, being duly sworn according to law, declares that he is the identical Wm C. Travelstead, who was ENROLLED ~~on the~~ ______ ~~day of~~ in Oct, 1862, in company F of the 120 regiment of Ill Inft commanded by Capt Wm. Rourk, and was honorably DISCHARGED at Memphis Tenn ~~on~~ the ______ ~~day of~~ in Dec, 1862, that his personal description is as follows: Age, 58 years; height, 5 feet 9 inches; complexion, fair; hair, light; eyes, blue. That while a member of the organization aforesaid, in the service and in the line of his duty ~~at~~ on a Boat, in the ~~State of~~ Mississippi ~~on or about the~~ River ~~day of~~ in Oct, 1862, he contracted (Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.) bronchitis or some other throat and lung disease between Alton Ill & Memphis Tenn

That ~~he was~~ treated in hospitals as ~~follows~~: [redacted] Memphis Tenn Surgeon. Brownell of the 120 Ill Inf treated him & he is dead (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment

That he has not been employed in the military or naval service otherwise than as stated above ______ (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since leaving the service this applicant has resided in the County of Saline in the State of Illinois, and his occupation has been that of a Farmer That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled a Farmer. That he is now partially disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension-roll of the United States.

He hereby appoints O. A. Gibbs of Harrisburg, State of Illinois, his true and lawful attorney to prosecute his claim. That he has never received or applied for a pension. That his POST OFFICE ADDRESS is South America, county of Saline State of Illinois

Claimant's signature: W. C Travelstead

Attest:

William Pankey

Abraham Cain

Also personally appeared William Pankey, residing at Harrisburg and Abraham Cain, residing at Harrisburg persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw ...., the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

William Pankey

Abraham Cain

(Signatures of witnesses.)

SWORN to and subscribed before me this 14 day of November, A. D. 1885,

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the

[L. S.] words ...., erased, and the

words ...., added; and that

I have no interest, direct or indirect, in the prosecution of this claim.

W. H. Thornbury

(Signature.)

Circuit Clerk

(Official character.)

A. A.

INVALID.

CLAIM FOR PENSION.

ORIGINAL.

Wm. C. Travelstead, Applicant.

Private Co., F 120 Reg't,

Illinois Inft Vols.

Enlisted October, 1862.

Discharged December, 1862.

PENSION OFFICE U. S. NOV 20 1885

FILED BY

O. A. Hibbs

Harrisburg

Ills

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and as clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, *and all evidence in each claim;* and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

LAW DIVISION
NOV 14 1899

WIDOW'S CLAIM FOR PENSION.

STATE OF Illinois }
COUNTY OF Saline } SS:

ON THIS 10th day of December 1897 personally appeared before me, a County Clerk of a Court of Record in and for the County and State aforesaid Nancy Travelstead a resident of Brushy in the County of Saline and State of Illinois aged 64 years, who being duly sworn, makes the following declaration, in order to obtain the Pension provided by the Act of Congress. That she is the Widow of William C. Travelstead who was a Privete in Company "F" commanded by William Roork in the 120 Regiment of Ills Infy Vols in the War of 1861; that her maiden name was Nancy Cole and that she was married to said William C Travelstead on or about the 4 day of Feby 1854 at in the County of Sumner and State of Tennessee by Bartlen Sterner J.P. and that she knows of no record evidence of said marriage will file record evidence

SHE FURTHER DECLARES that said William C. Travelstead her husband, died at his home in Brushy town, in the State of Illinois on or about the 6th day of Nov, 1897 of Disease of Respiatory organs

She also declares that she has remained a widow ever since the death of said William C. Travelstead and that she has not in any manner been engaged in, or aided or abetted the rebellion in the United States; and she hereby appoints W B Reynolds of Harrisburg Ills as her lawful Attorney, with power of substitution, and authorizes him to present and prosecute this claim. The following — the name, date of birth, and place ~~of residence~~ of all ~~the children~~ of her deceased husband who were under sixteen years of age at the time of his death:

none

ATT'Y FILED.

My Postoffice address is South America Saline Co Ills

Sigel Capel
Joseph Travelstead
(If Claimant signs by mark, two witnesses sign here.)

Nancy her x mark Travailstead
(Claimant's Signature.)

Also personally appeared before me Sigel Capel and Joseph Travailstead residents of Harrisburg County, and State of Saline to me well known as credible persons, who being duly sworn, declares that they were present and saw said Nancy Travelstead sign her name to the foregoing declaration, and that they have every reason to believe, from the appearance of said applicant, and their acquaintance with her, that she is the identical person she represents herself to be, and know that said deceased recognized said applicant as his lawful wife, and that she was so recognized by the community in which they resided; and that they have no interest, direct or indirect, in the prosecution of this claim.

Signature of Witnesses. { Sigel Capel
Joseph Travelstead

PENSION
B
NOV 13 1899
U. S.
OFFICE

I.C 332,732

No

WIDOW'S
Claim for Pension.

Mrs. Nancy Travelstead

Widow of William C. Travelstead

Pvt Co. F 120

Ills Infy

RECORD NOV 15 189

LAW DIVISION NOV 14 1898 RECEIVED.

FILED BY

W. I. Reynolds
Harrisburg
Ills.

Printed and for sale by J. E. Smith, Room 55 Atlantic Bld'g, W

11/241

Sworn and subscribed to before me, this 10th day of December 1897, and I hereby certify that I have no interest, direct or indirect, in the prosecuti.n of this claim. And that the contents of the above were made known and explained to applicant and witnesses before signing.

[SEAL.]

James W. Reese
(Official Signature.)
Clerk

NOTE.—If there is any record evidence of the marriage, insert—except that of which a true copy is hereunto annexed, and append a certified copy of the record accordingly. The cause of death must be specified in the second clause of the declaration. The declaration and evidence of identity must be made before a Court of Record, or before some officer of such a Court duly authorized to administer oaths, and having custody of its seal, which must be attached.

W. O. DAVIS, VICE PRESIDENT
J. M. POTTER, VICE PRESIDENT
J. W. GLADNEY, CASHIER

D. T. LACY, PRESIDENT

ED. W. WILKINS, ASST. CASHIER
J. W. SCHAD, ASST. CASHIER
BEN R. THOMASON, ASST. CASHIER

The First National Bank of Gainesville, Texas

CAPITAL $250,000.00

Dec. 2nd, 1920.

Finance
[illegible]

PENSION U. S. OFFICE
DEC 6 1920

FINANCE DIVISION
DEC 7 1920
BUREAU OF PENSIONS

Bureau of Pensions,
Department of Interior,
Washington, D. C.

Gentlemen:-

This is to advise you that Nancy Travelstead died November 23rd, 1920. She held pension certificate 503334.

Yours truly,

J W Gladney
Cashier.

ARMY OF THE UNITED STATES.

CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability.)

William C Travelstett a private of Captain William Roarks Company, (H) of the One hundred and Twentieth Regiment of United States Volunteers was enlisted by Will^m Roark of the 120th Regiment of Ill Vol Inf at Harrisburg Ill on the Twenty first day of August 1862, to serve Three years; he was born in Allen County in the State of Kentucky is Twenty Eight years of age, Five feet Nine inches high, Fair complexion, Blue eyes, Light hair, and by occupation when enlisted a Farmer During the last two months said soldier has been unfit for duty days. *(Here consult directions on Form 12, p. 269, Medical Dept. Gen. Reg.)*

Genl Hospital

STATION: Memphis Tenn

DATE: Dec 19th 1862

Commanding Company.

I CERTIFY, that I have carefully examined the said William C. Travelsted of Captain Wm Roarks Company, and find him incapable of performing the duties of a soldier because of *(Here consult par. 1134, p. 245, and directions on Form 12, p. 269, Med. Dept. Gen. Reg.)* Chronic Bronchitis and Debility resulting therefrom, contracted in the service.

P. K. Guild Surgeon.

DISCHARGED, this Twentieth day of December 1862, at Memphis Tenn On personal examination

C. J. Allen
Med. Inspect
~~Commanding the Post.~~
U.S.A.

NOTE 1.—When a *probable* case for *pension*, *special care* must be taken to state the *degree* of disability.
NOTE 2.—The *place* where the *soldier* desires to be *addressed* may be here added.

Town—Harrisburg *County*—Saline *State*—Illinois

[GOV. PRINT. OFF., *Mar.* 28, 1862.]

(DUPLICATES.)

DEPARTMENT OF THE INTERIOR
JAN 19 1863
PENSION OFFICE

CERTIFICATE OF DISABILITY FOR DISCHARGE

In the case of

William C Travelstie
a private Co. F.
120th Reg't of Ill. Vol. Inf.

G. F. Allen.
Med. Inspect.
U.S.A.

Dup for Pen. office

A. G. office
Jany 16/63

Sam. Breck
A. A. Genl

Received (A. G. Office) ...., 186 .

MARRIAGE LICENSE

State of Tennessee, Sumner County, ss.

TO ANY REGULAR MINISTER OF THE GOSPEL, JEWISH RABBI,
OR JUSTICE OF THE PEACE OF SAID COUNTY:

These are to authorize you, or either of you, to solemnize

The Rite of Matrimony

Between William Travelstead

And Nancy Coal

of your county, agreeably to the Act of Assembly in such cases made and provided.

Provided Always, *That the Rite of Matrimony be solemnized in this County; otherwise these shall be null and void, and shall not be accounted any license or authority to you, or either of you, for the purpose aforesaid, more than though the same had never been prayed or granted, etc.*

Witness my hand, at office, 5th *day of* Febry 1854

John L. Bugg
Clerk of Sumner County Court.

PENSION B
U. S.
NOV 13 1899

[illegible]

LAW DIVISION
NOV
14
1899
RECEIVED

No. ....

MARRIAGE LICENSE.

William Travelstead

TO

Nancy Coal

Issued Feby 5th 1854

I solemnized the Rite of Matrimony between the within named parties on the 5th day of Feby. 1854

Bartlett Y. Turner
J.P.

BRANDON - NASHVILLE

RECORD
NOV
15
1899

STATE OF TENNESSEE, SUMNER COUNTY.

I, Harris Brown, Clerk of the County Court of said County, do hereby certify the within to be a true and perfect copy of the License issued and the return on same solemnizing the Rite of Matrimony between William Travelstead and Nancy Coal on the date therein specified; all of which appears of record and file in my office.

Witness my hand and the seal of this Court, this 30th day of March 1899

Harris Brown Clerk.

LAW DIVISION NOV 14 1899

STATE OF ILLINOIS, } ss.
SALINE COUNTY.

In the Pension Claim No .... *of* Nancy Travelstead widow *of* William C.,
of Co. H 120 *Regiment*
of Ills Infy Vols

Personally Appeared Before Me a Notary *in and for said county*
Andrew J Reynolds, *aged* 34 *years, whose postoffice address is* Harrisburg Ill, *who being by me duly sworn according to law, says:*

That he was personally acquainted with William C Travelstead who died on or about the 6th day of Nov 1897, and that he and his wife Nancy Travelstead lived together as husband and wife until the death of said William C. and that they had never been divorced.

And affiant further says: That Nancy Travelstead has never married since the death of her said husband but still remains his widow. That I know the above facts by living at the time a near neighbor to the parties.

PENSION B NOV 13 1899 U. S. OFFICE.

This affidavit was written by .... *at* ....
and from ...., *that* .... *was not aided or prompted by any written or printed statement or recital prepared by any other person or persons, that* .... *is* .... *related to claimant and has* .... *interest in the prosecution of this claim.*

Witness { ....
....

Signed A. J. Reynolds *Affiant.*

Non divorce
Cont widowhood

Subscribed and sworn to before me this 6th *day of* Nov *18*99, *and I hereby certify that the contents of the foregoing affidavit, was read* .... *and fully* made *known to affiant before swearing to the same, that I am not related to claimant and have no interest in the prosecution of this claim.*

M. E. Roark
Notary Public.

Claim No. ....
of Nancy Greavelstead
widow of
William C. Greavelstead
Co. F 120
Regt. Ills Infy
Vol

AFFIDAVIT OF
A J Reynolds

RECORD
NOV
15
1899
DIVISION

ATTORNEY

LAW DIVISION
RECEIVED
NOV 14 1899

In the Pension Claim No .... of

STATE OF ILLINOIS, } ss.
SALINE COUNTY.

Nancy Freavelstead widow William C. Freavelstead of Co. F" 120 Ills Infy Regiment

Personally Appeared Before Me a Notary Public in and for said county Sam Baxter, aged 51 years, whose postoffice address is Harrisburg Ills, who being by me duly sworn according to law, says:

that he is personally acquainted with Nancy Freavelstead the Claimant for Pension and from his acquaintance with her and her Late husband William C. Freavelstead he knows that she nor ~~x~~ her said husband was neither of them ever married until they were married to each other, and that they were living together ~~and~~ as husband and wife at the time of the death of said William C Freavelstead

And that she has not remarried since his death but she remains his widow.

that he knows the above facts from Living a near neighbor to them for several years

PENSION
B
NOV 13 1899
U. S.
OFFICE

This affidavit was written by .... at .... and from ...., that .... was not aided or prompted by any written or printed statement or recital prepared by any other person or persons, that .... is .... related to claimant and has .... interest in the prosecution of this claim.

Witness {
Signed Sam Baxter
Affiant.

No prior mar of either?
Cont Widowhood

Subscribed and sworn to before me this 30th *day of* June 1899, *and I hereby certify that the contents of the foregoing affidavit was read* *and fully* made *known to affiant before swearing to the same, that I am not related to claimant and have no interest in the prosecution of this claim.*

M. E. Roark
Notary Public.

Claim No.

of Nancy Treadwell
widow of Wm.
Treadwell

Co. F 120th

Regt. Ills. Infy
Vols

AFFIDAVIT OF

Sam Burton

RECORD
NOV
15
1899

ATTORNEY

RECEIVED LAW DIVISION NOV 14 1899

STATE OF ILLINOIS, } ss.
SALINE COUNTY. }

In the Pension Claim No. .... of Nancy Travelstead, Widow of Wm. C. Travelstead of Co. "F" 120 Regiment Ill Infy. Vol.

Personally Appeared Before Me a Notary Public in and for said county Robert J Capel, aged 53 years, whose postoffice address is South America Ill., who being by me duly sworn according to law, says: that he was well acquainted with William C. Travelstead and is also well acquainted with Nancy Travelstead his widow having personally known both of them about 30 years.

That they were neither one ever married until they married each other, and that there was no barrier to said marriage.

PENSION B NOV 13 1899 U.S. OFFICE.

This affidavit was written by .... at .... and from ...., that .... was not aided or prompted by any written or printed statement or recital prepared by any other person or persons, that he is not related to claimant and has no interest in the prosecution of this claim.

Witness { ....
{ ....

Signed Robert J Capel ✓
Affiant.

no previous mar of either (P.!)

Subscribed and sworn to before me this 16 day of December 1898, and I hereby certify that the contents of the foregoing affidavit was read to him and fully made known to affiant before swearing to the same, that I am not related to claimant and have no interest in the prosecution of this claim.

M. E. Roark, Notary Public.

Claim No.

of Nancy Trueblood, widow of William C. Trueblood

Co. F,

120th

Regt. Ill Infy Vol,

AFFIDAVIT OF

Robert J Capel,

RECORD NOV 15 1899 DIVISION.

ATTORNEY.

W. S. Reynolds.

Record Legal Cap,
ILLINOIS PRINTING CO.,
Danville, Ils.

State of Illinois,
Saline County } ss

Personally appeared before me, a Notary Public in and for the said County and State Talitha Patterson who, after being first duly sworn on her oath says that her age is about 55 years, that she is well acquainted with Nancy Travelstead widow of William C. Travelstead deceased late of Co "F" 120th Regt, Ill, Infty vols, who is applicant for Pension No. 708,582, Affiant states that she is a sister of the said claimant and has known her from her girlhood.

Affiant further states that she was also acquainted with the soldier the said William C. Travelstead who was the husband of claimant and was intimately acquainted with said soldier for several years before his marriage to claimant. Affiant further states that the said soldier was raised from boyhood by an uncle of claimant and affiant, and that she knows from her own personal knowledge that the said William C. Travelstead nor the claimant Nancy Travelstead were neither ever married prior to their marriage to each other. Affiant further states that they were never divorced but that they lived together as husband and wife from the time of their

SECOND DEPUTY COMMISSIONER. MAY 11 1900

CONGRESSIONAL MAY 16 1900 U.S. Bureau of Pensions.

No Prior Mar of either - non divorce - Cont. Widowhood marriage until the death of the said soldier William C. Travelstead and that they were living together as husband and wife at the time of his death.

Affiant further states that the said widow Nancy Travelstead has not remarried since the death of her said husband, but still remains his widow. That she has no interest in this claim for pension and her residence and post office address is Harrisburg, Saline County, Illinois.

Talitha her x mark Patterson

attest;

A. W. Lewis

Joseph Travelstead

Subscribed and sworn to before me this 20th day of April A.D. 1900 and I certify that the contents of this affidavit were read to and fully made known to affiant before she executed the same, and that I have no interest in this claim.

A. E. SOMERS

A. E. Somers
Notary Public

Record Legal Cap,
ILLINOIS PRINTING CO.,
Danville, Ills.

SECOND DEPUTY
MAY 11 1900
COMMISSIONER.

CONGRESSIONAL
MAY 10 1900
U.S. Bureau of Pensions.

Claim No. 708582
of
Nancy Gravelstead
widow of
William C. Gravelstead
Co. "F" 120th Regt. Ill
Infty vols.
affidavit of
Talitha Patterson

Record Legal Cap,
ILLINOIS PRINTING CO.,
Danville, Ills.

SECOND DEPUTY
MAY 11 1900
COMMISSIONER.

State of Illinois }
Saline County }

Personally appeared before me, a Notra Public in and for the said County, and State aforesaid James Travelstead, who after being first duly sworn on his oath says that his age is 72 years, that he was a brother of William C. Travelstead late of Co. "F" 120th Regt. Ill. Infty Vols, and lived in the same neighborhood with him all his life and until his death. That he has also known the claimant, Nancy Travelstead the widow of the said William C. Travelstead ever since she was a very small girl. affiant further states that he knows that the said Soldier William C. nor the Claimant, Nancy Travelstead were neither ever married except their marriage to each other. affiant further states that they were never divorced but lived together as husband and wife from the time of their said marriage until the death of the said soldier, affiant further states that the claimant, Nancy Travelstead has not remarried since the death of her said husband, but still remains his widow

That he has no interest in her claim for pension and that his post office address is New Hope, Saline County, Illinois,

attest
Laura Mamie
Joseph Travelstead

James his x mark Travelstead ✓

Subscribed and sworn to before me this 1st day of May AD 1900, and I certify that contents of this affidavit were fully made known to affiant before he signed the same and that I have no interest in this Claim

W. H. Edwards Notra Public

no prior mar. of either — non divorce — cont. no remarriage

Claim No 708,582

of

Nancy Travelstead

widow of Wm C,

Co F 120 Regt

Ills Infy Vols

CONGRESSIONAL
MAY 10 1900
U.S. Bureau of Pensions

STATE OF ILLINOIS, } ss.
SALINE COUNTY. }

In the Pension Claim No 708582 of Nancy Travelstead widow of William C. Travelstead deceased of Co "F" 120th Regiment Illinois Infty vols,

Personally Appeared Before Me a Notary Public in and for said county Nancy Travelstead, aged 65 years, whose postoffice address is Dallasania Ill, who being by me duly sworn according to law, says: that she is the claimant in the above styled claim for pension that she cannot furnish a verified copy of the public record showing the date and cause of death of her said husband for the reason that no such record exists. That no public record was ever made or kept showing the same in any way. affiant further states that neither she or her said husband were ever previously married until their marriage to each other That they were never divorced but lived together as husban and wife from the time of their marriage as aforesaid until the death of the said soldier affiant further states that she knows of no person now living except her sister Talitha Patterson who was intimately acquainted with her and her husband before their marriage and who knows from their own knowledge that neither of them were ever married prior to their marriage to each other, except the evidence already furnished

This affidavit was written by A E Sumner at Harrisburg Ill and from statements made by affiant, that he was not aided or prompted by any written or printed statement or recital prepared by any other person or persons, that he is not related to claimant and has no interest in the prosecution of this claim.

Witness } E E Barter
Joseph Travelstead.

Signed Nancy her x mark Travelstead Affiant.

CONGRESSIONAL
MAY 10 1900
U.S. Bureau of Pensions

SECOND DEPUTY
MAY 11 1900
COMMISSIONER.

Claimant
no record of death:
no prior mar of either
non divorce

Subscribed and sworn to before me this 19 day of April 1900, and I hereby certify that the contents of the foregoing affidavit, was read to affiant and fully made known to affiant before swearing to the same, that I am not related to claimant and have no interest in the prosecution of this claim.

A. E. Somers
Notary Public

A. E. SOMERS NOTARIAL SEAL SALINE COUNTY, ILLINOIS

Claim No. 708582

of Nancy Frankland
widow of
William C. Frankland

Co. F "
120th
Regt. Ill. Infty Vols.

AFFIDAVIT OF
Claimant

ATTORNEY

49930

D

GENERAL LAW.

3—405.

ON

PENSIONER DROPPED.

Wid Ctf 503,334

U. S. Pension Agency,

Chicago Ill.

Dec. 3" 1900

Certificate No. 332732

Class Invalid

Pensioner William C Travelstead

Soldier

Service F, 120 Ill. Inf.

Finance Division
DEC 14 1900
BUREAU OF PENSIONS

Hon. Commissioner of Pensions:

SIR: I have the honor to report that the above-named pensioner who was last paid at $ 17 *, to* 4 Oct. *, 18*97 *has been dropped because of* DEATH

Date Nov. 6" 1897

Very respectfully,

Merriam

Pension Agent.

Every name dropped to be thus reported at once.

7904b50m9-98

0-9

RECORD
DEC
17
1900
DIVISION

PENSION
DEC
5
1900
U. S. OFFICE.

A. & N. S.
DEC 6 1900
DIVISION

One

3—1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

Jn

FINANCE DIVISION

56896

DEC 10 1920, 19

Certificate No. 503.334. ✓

Class ACT OF MAY

Pensioner Nancy Travelstead -

Soldier

Service

3

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of the above-described pensioner who was last paid at $ 30 *, to* OCT 4 - 1920 *, 1*

has this day been dropped from the roll because of death Nov. 23. 1920 -

```
NANCY TRAVELSTEAD,
        GAINESVILLE,TEXAS.
503334                MAY WID.
          R.F.D.4.
```

Very respectfully,

Chief, Finance Division.

Check No. 8056896 Dated 4 Jan 1921 Canceled

NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.

6—2249

FINANCE
RECEIVED
DEC 11 1920
GROUP 1

SECTION TWO
RECEIVED
DEC 15 1920
DISBURSING OFFICE

Finance Division
DEC 21 1920